



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY GARRISON ANSBACH  
UNIT 28614  
APO AE 09177

IMEU-ANS-ZA

01 October 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Use of Commercial Transportation or Privately Owned Vehicles (POVs) in Connection with Official Government Business, Policy Letter #40

1. Purpose: This policy prescribes procedures for the control, approval, and reimbursement of expenses for performance of authorized local travel utilizing commercial transportation or POVs.
2. Applicability: The provisions of this policy are applicable to military and civilian personnel of the US Army Garrison Ansbach, who are required to use government, commercial or private transportation in the conduct of official government business within and around their assigned duty station, permanent or temporary. If a traveler is required to stay multiple days at a site, this policy does not apply.
3. Objective: To provide procedures for the USAG-Ansbach personnel for reimbursement when commercial or Privately Owned Vehicles (POV) transportation is used in performance of official duties.
4. General:
  - a. Government transportation, to include military shuttle service, must be used to the maximum extent possible.
  - b. Authorization for use of a POV to conduct official business will only be granted when proven to be more advantageous to the government or when government transportation is not available.
  - c. Approval must always be obtained in advance.
5. Policy:
  - a. US Army Garrison Ansbach supports local transportation requirements of all assigned personnel. This covers Transportation Motor Pool (TMP) furnished Non-Tactical Vehicles (NTVs), as well as, reimbursement for commercial transportation and/or use of POVs when government assets are not available.

IMEU-ANS-ZA

SUBJECT: Use of Commercial Transportation or Privately Owned Vehicles (POVs) in Connection with Official Government Business, Policy Letter #40

b. Under no circumstance will commercial transportation or POVs be used solely to allow payment of mileage costs.

c. The duration of travel, to include time and stay at a location, should be shorter in nature (normally less than eight hours) and be performed within regular duty hours. This provision does not prevent use of this option if unusual or unscheduled missions require travel during periods other than normal duty hours.

d. Travel to and from work: Travel from housing areas or economy residence does not qualify for reimbursement. This does not, however, preclude movement of enlisted persons between troop billets and work areas.

e. Government transportation must be requested in person, via email or fax from the TMP on Barton Barracks or the Area Support Team (AST) Office, Illesheim and found to be unavailable before private transportation is authorized. A record of this request will be maintained by the individual and the TMP/AST. The individual or Unit Transportation Coordinator (UTC), must complete and submit a Transportation Request (copy of enclosure 1) to the applicable office. The TMP or AST will ascertain if a NTV is available. If a NTV is not available, they will stamp and sign in the applicable block and return the form to the UTC or individual.

#### 6. Responsibilities:

a. The TMP Dispatch Office is responsible for:

(1) Receiving, approving or disapproving all request for NTVs as described herein, based on regulatory requirements and factual justifications submitted by each requestor, and the availability of assets.

(2) Maintaining a record of the approval/disapproval request and ensuring that transportation requests meet the conditions of this policy.

(3) Ensuring that all customers are provided with OFFICIAL USE ONLY guidelines.

b. Managers/Supervisors are responsible for:

(1) Ensuring that all travel performed by their employee is in connection with official government business.

IMEU-ANS-ZA

SUBJECT: Use of Commercial Transportation or Privately Owned Vehicles (POVs) in Connection with Official Government Business, Policy Letter #40

(2) Ensuring that requests for NTVs are submitted to the TMP Dispatch Office, 10 working days prior to the date of travel.

(3) Notifying USAG Chain of Command in advance of any travel in excess of normal duty hours and/or travel which is recurring (i.e. happens more than four times per month).

(4) Verifying all individual claims for reimbursement prior to forwarding to the DRM for approval. The SF 1164 (Claim for Reimbursement for Expenditures on Official Business), (copy at enclosure 2), or the AE Form 690-99J (Claim Record and Voucher for One-Day Duty Travel and Duty Trips) (copy at enclosure 3), must be examined for completeness (i.e., dates, places and mileage shown must be in relation to the actual work assignments).

c. Each traveler is responsible for:

(1) Requesting government transportation from TMP through their UTC, 10 days in advance of travel date. If an organization does not have a UTC, requests can be submitted by the individual requiring transportation.

(2) Completing SF 1164/AE Form 690-99J correctly, IAW this policy submitting, along with the transportation request verifying non-availability of a NTV, to the immediate supervisor for verification.

#### 7. Procedures for Filing Claim for Reimbursement.

a. For Military or US Civilian personnel, claim for reimbursement for local travel performed will be submitted on SF 1164, along with the transportation request verifying non-availability of a NTV, to the immediate supervisor.

b. Local National employees will submit claim for reimbursement on AE Form 690-99J, along with the transportation request verifying non-availability of a NTV, to the immediate supervisor. Reimbursement claim in original form only (together with monthly LN Time and Attendance Reports) will be forwarded through the Civilian Personnel Office to the Defense Cost Office for payment.

IMEU-ANS-ZA

SUBJECT: Use of Commercial Transportation or Privately Owned Vehicles (POVs) in  
Connection with Official Government Business, Policy Letter #40

8. Proponent for this is the USAG-Ansbach DOL, DSN 468-1540.



JOHN G. REILLY  
LTC, SF  
Commanding

3 Encls  
As

DISTRIBUTION:  
B

# - TRANSPORTATION REQUEST -

PHONE # 468-1800 FAX# 468-7575

FROM: \_\_\_\_\_

TO: DISPATCH OFFICE

DATE: \_\_\_\_\_

TMP MO2 ANSBACH

DESTINATION: \_\_\_\_\_

(BESTIMMUNGSORT)

SPECIFIC PURPOSE (INCLUDE # OF PASSENGERS AND MISSION PURPOSE) GRUND - # PASSAGIER UND VORSATZ-  
E.G. TRANSPORT SUPPLIES, RANGE, TROOP FOR TRAINING, ETC: \_\_\_\_\_

REQUESTED VEHICLE TYPE: \_\_\_\_\_

(FAHRZEUGTYP)

DRIVERS NAME/RANK: \_\_\_\_\_

(NAME/DIENSTGRAD DES FAHRERS)

DATE/TIME REQUESTED: \_\_\_\_\_

(ABFAHRT DATUM/ZEIT)

REPT TO (NAME, RANK, LOCATION, TELEPHONE #): \_\_\_\_\_

(MELDUNG BEI- NAME, DIENSTGRAD-DIENSTORT-TELE #)

DRIVER REQUESTED: \_\_\_\_\_

(MIT FAHRER ?)

RETURN DATE/TIME: \_\_\_\_\_

(ANKUNFT DATUM/ZEIT)

UNIT TRANSPORTATION COORDINATOR(UTC) SIGNATURE: \_\_\_\_\_

(UTC UNTERSCHRIFT)

NOTE: REQUEST IS INVALID WITHOUT UTC SIGNATURE WHICH IS ON A 1687(SIGNATURE CARD)

(UNGUELTIG OHNE UTC UNTERSCHRIFT)

REQUEST FOR PERMISSIVE OPERATING DISTANCE EXEMPTION \_\_\_\_\_

(BEANTRAGUNG FUER BEFREIUNG VON DER ZULAESSIGEN DIENSTFAHRT ENTFERNUNG)

.....ALL VEHICLES UPON RETURN WILL BE CLEANED AND REFUELED.....  
( ALLE FEHRZUEGE MUSSEN GESAUBERT UND AUFGETANKT WERDEN VOR ABGABE)

TMP USE ONLY

RECIEVED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(ERHALTEN)

APPROVED/DISAPPROVED \_\_\_\_\_  
(GENEHMIGT/ABGELEHNT)

REASON FOR DISAPPROVAL: \_\_\_\_\_

(WENN ABGELEHNT, GRUND)

TMP CHANGES (VEHICLE TYPE, DATE ETC): \_\_\_\_\_

(AUSWEICHMOEGlichkeit, FAHRZEUG/DATUM ETC)

PERSON NOTIFIED (DATE/TIME): \_\_\_\_\_

(NAME DES BENACHRICHTINGTEN)

P.O.D. CONTROL# \_\_\_\_\_

(KONTROLL #)

REIMBURSABLE: \_\_\_\_\_

(KOSTENPFLICHTIG)

enclosure (1)



**CLAIM RECORD AND VOUCHER FOR ONE-DAY DUTY TRAVEL AND DUTY TRIPS (CTA II, App R-V and App R-XI)**  
**FÖRDERUNGSNACHWEIS UND ABRECHNUNG ÜBER EINTÄGIGE DIENSTREISEN UND -FAHRTEN**  
(TVAL II Anh R-V und Anh R-XI.)  
(USAREUR Reg 690-99)

**SECTION I/ABSCHNITT I**

**Name** (Last, First/Nachname, Vorname) **Job title/Tätigkeitbezeichnung** **Grade/Eingruppierung**

**Permanent duty station/Ständiger Beschäftigungsort** **Residence/Wohnort des Arbeitnehmers**

**SECTION II/ABSCHNITT II**

**Roster of trips for the month/year off/Liste der Fahrten im Monat /Jahr :**

Line no/ Zeile Nr.	Date/ Datum	Depart/ Abfahrt	Return/ Rückkehr	Location of official duty/ Ort des Dienstgeschäftes	Hours/min Std/Min	POV km driven/im eigenen PKW/ gefahrte km	Inciden- tal cost/ Nebenkosten	Free Qtrs. Freie Unterq.		Free Meals Freie Verpf.		
								Stand- ard	Sub- stan- dard	B F	L M	D A
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												
21.												
22.												

**SECTION VI/ABSCHNITT V**

**FOR USE BY PAYROLL OFFICE/  
Von der Lohnstelle auszufüllen**

**Tagegeld ungekürzt**  
(Day allowance)

**Über 8 Std:**  
(Over 8 hours)

**Über 12 Std:**  
(Over 12 hours)

**Teiltagegeld gekürzt**  
(Day allowance)

**Über 8 Std:**  
(Over 8 hours) um 15%

um 30%

um 45%

**Über 12 Std:**  
(Over 12 hours)

um 15% um 30%

um 45% um 60%

**Ablösung (Anh. R-XI.6)**  
Volle Kalendertage:  
(Full calendar days)

**Über 12 Std:**  
(Over 12 hours)

**Über 9 Std:**  
(Over 9 hours)

**Remarks/Bemerkungen**

**Total/Summe**

**Km-Geld (POV all)**

Km DM

I certify that my statements concerning schedule and costs are just and true in all respects, and that the itinerary and incidental costs were necessary in the performance of my official duty./Ich erkläre, daß meine Angaben über den Verlauf und die Nebenkosten in jeder Hinsicht wahrheitsgemäß und richtig sind und daß Reisewege, Reisezeiten und Nebenkosten zur Erledigung meiner Dienstgeschäfte unbedingt erforderlich waren.

**Mitnahme-Entschädigung**  
(Passenger allowance)

Km DM

**Nebenkosten (Incidental cost)**

DM

**Date/Datum**

**Signature of employee/Unterschrift des Arbeitnehmers**

**SECTION III/ABSCHNITT III**

**Unit/Dienststelle**

**Locality/Ort**

**Payroll no/Lohnlisten-Nr.**

AFTER REVIEW AND VERIFICATION OF ITINERARY, PAYMENT OF DAY ALLOWANCE AND OTHER EXPENSES SHOWN ABOVE IS APPROVED./Nach Überprüfung und Bestätigung der Richtigkeit des Reiseberichts wird die Bezahlung des Tagegeldes und anderer Ausgaben genehmigt.

**Gesamtvergütung**  
(Reimbursement)

DM

**Date/Datum**

**Signature, name and title of approving supervisor/Unterschrift, Name und Titel des Vorgesetzten, der die Genehmigung erteilt**

**SECTION IV/ABSCHNITT IV**

**Date/Datum**

**Civilian Personnel Advisory Center - Stamp and signature/Stempel des Zivilpersonalbüros und Unterschrift des Beauftragten**

**Verwaltungsgebühr**  
(Service charge)

DM

**Accounting classification/Einstufung für die Buchführung**

**Abrechnungsmonat**  
(Payroll month)